Form 3160-5 (June 1990)

Subsequent Report

Final Abandonment Notice

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993

RECEIVED

5. Lease Designation and Serial No. SUNDRY NOTICES AND REPORTS ON WELLS SF-077329 Do not use this form for proposals to drill or to deepen or reentry to a different reservoir. Use "APPLICATION FOR PERMIT - " for such proposes MAY 10 AX 11: 52 070 FARMINGTON, NIV 1. Type of Well X Gas Well Oil Well Other 8. Well Name and No. 2. Name of Operator Martin Gas Com G #1 Attention: 9. API Well No. Amoco Production Company Gail M. Jefferson, Rm 1942 3. Address and Telephone No. 3004506565 P.O. Box 800, Denver, Colorado 80201 10. Field and Pool, or Exploratory Area **Basin Dakota** 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 11. County or Parish, State 1740FEL Sec. 14 T 27N R 10W Unit B 990FNL San Juan **New Mexico** CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 12. TYPE OF SUBMISSION TYPE OF ACTION Change of Plans Notice of Intent Recompletion **New Construction** Plugging Back Non-Routine Fracturing

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Per telephone conversation between Mike Kutas of Amoco and Wayne Townsend of the BLM, May 8, 1995 it was agreed that Amoco would be granted an extension to evaluate this well's performance and provide the BLM a plan of action to perform the well repair six months from returning to production or by 10/1/95.

Well Repair

If you have any technical questions please contact Mike Kutas at (303) 830-5159 or myself for any administrative concerns.



Water Shut-Off
Conversion to Injection

Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

Signed Sail W. Heroby certify that the foregoing is true and correct	Title	Sr. Admin, Staff Asst.	Date 05-09-1995
This space for Federal or State office use)		APPR	OVED
Approved by Conditions of approval, if any:	Title	MAY	1 2 1995 Q

* See Instructions on Reverse Side